



**FIRST STEPS EARLY INTERVENTION SYSTEM
DOCUMENTATION OF RECEIPT OF RIGHTS /
CONSENT TO PROCEED / PERMISSION TO ASSESS**

State Form 51842 (8-04) / BCD 0114

Name of child	Date of birth (<i>month, day, year</i>)								
<p>Your Intake or on-going Service Coordinator has reviewed your rights, procedural safeguards, and responsibilities as described in Federal Law, P.L. 94-142, the Individuals with Disabilities Education Act (IDEA) for children age birth to three years of age and its amendments, P.L. 102-119, specifically Part C. All Early Intervention providers involved in the First Steps system will follow the procedures outlined and provided to you in the brochure entitled "Families Always Have Rights." This document includes information regarding the following:</p> <ol style="list-style-type: none">1. Evaluation for eligibility determination, and assessment Service(s) for eligibility determination and/or IFSP development2. Six month review and annual evaluation of the IFSP3. Information regarding natural or community settings4. Confidentiality of information,5. Complaints, and6. Mediation and due process hearings <p>Based on your child's referral to/participation in the First Steps program, a comprehensive multidisciplinary evaluation will be conducted in order to determine your child's eligibility and need for Early Intervention services. After a review of your existing documentation, it may be necessary to obtain further information relating to your child's development. This information will be helpful to the team in determining if your child is eligible and in need of services, or what type(s) of services your child may benefit from. In order to obtain this information, your permission is requested to assess your child's level of functioning in the following areas:</p> <table border="0"><tr><td><input type="checkbox"/> Cognitive development</td><td><input type="checkbox"/> Physical development</td></tr><tr><td><input type="checkbox"/> Social emotional development</td><td><input type="checkbox"/> Communication development</td></tr><tr><td><input type="checkbox"/> Adaptive development</td><td><input type="checkbox"/> Hearing</td></tr><tr><td><input type="checkbox"/> Vision</td><td><input type="checkbox"/> Other: _____</td></tr></table> <p style="text-align: right;"><small>(MUST LIST) (ex. Nutrition, Psychological)</small></p>		<input type="checkbox"/> Cognitive development	<input type="checkbox"/> Physical development	<input type="checkbox"/> Social emotional development	<input type="checkbox"/> Communication development	<input type="checkbox"/> Adaptive development	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cognitive development	<input type="checkbox"/> Physical development								
<input type="checkbox"/> Social emotional development	<input type="checkbox"/> Communication development								
<input type="checkbox"/> Adaptive development	<input type="checkbox"/> Hearing								
<input type="checkbox"/> Vision	<input type="checkbox"/> Other: _____								
The following structured and/or standardized test may be administered:									
<p>Your signature below indicates your permission allowing the Early Intervention team to proceed with the necessary evaluation, assessment and, if your child is eligible and in need of services, the development of an Individualized Family Service Plan (IFSP).</p>									
Signature of parent/guardian	Date (<i>month, day, year</i>)								
Signature of parent/guardian	Date (<i>month, day, year</i>)								